



REQUEST TO FUNDRAISE
(Fundraising Approval Form)

Today's Date: _____ School _____

Fundraising Request: _____

Group/Activity Name: _____

Group/Activity Sponsor: _____

Sponsor Phone Number: _____ - _____ - _____ Ext. _____ Email: _____

Fundraiser/Brief Description: _____

Date(s) of Fundraiser: _____ Anticipated Profit from Fundraiser \$ _____

Grade Levels Involved: _____

Please select fundraiser type:

- Non-Advance Sale (bake sale, car wash, etc.)
- Charitable Fundraiser (proceeds to benefit charitable organization)
- Donation/Sponsor Solicitation (requests to business/others for money)
- Community event/Family event fundraiser (i.e. Eat-N-Earn restaurant nights, skating party, etc.)
- Raffle
- Internal Fundraiser (primary customers are students and staff within building)
- Online fundraising: Name of Online Company _____
- Other _____

Will food be served? ___ YES ___ NO If yes, what food item(s) will be served?

Who is the targeted customer(s)? _____

Briefly explain the fundraiser (what will be sold and how the fundraiser will be carried out.)

Explain how the funds raised will be used:

Will students or staff be solicited on school property? ___ YES ___ NO
If yes, explain how and where (Example: lollipops before school or carnations at lunch)

Will community members and businesses be solicited? ___ YES ___ NO If yes, explain how:

Will the group or organization need to sign a contract ___ YES ___ NO
If yes, attach the contract to this form for review before signing. Legal review is required.



Describe any up-front money or other necessary commitments of school/district, club or organization resources.

Will the fundraiser be advertised? Check all that apply

- Flyers
- Email parents
- Mailing
- School Publications
- Automated calls
- Social Media
- Other _____

Note: All advertising content must be reviewed and approved. A copy is attached to this form.

Describe the method of collecting and securing funds. Include a description of how sales and receipt of funds will be documented.

Company being used. Please provide the following contact information:

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Phone: ____ - ____ - ____ Ext. _____ Fax: ____ - ____ - ____

Do any of the following have a financial interest in the company or organization you are doing business with?

- You (or family)
- Other staff members or their families
- Family members of any students?

If yes, to any of the above, please explain.

Sponsor/Coach/Teacher Signature: _____ Date: _____

Building/Program Administrator _____ Approved _____ Not Approved

Reason: _____

Building /Program Administrator Signature: _____ Date: _____

District Central Office _____ Approved _____ Not Approved

Reason: _____

District Central Office Signature: _____ Date: _____